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jc896 U.S. PTO
07/28/00

NON-PROVISIONAL
UTILITY PATENT APPLICATION
TRANSMITTAL - 37 CFR 1.53(b)

☐ Duplicate
(check, if applicable)

jc875 U.S. PTO
09/628495
07/28/00

Assistant Commissioner for Patents

Attorney Docket No. 210147.0039/16U1
(MPI99-130P1R1)

BOX PATENT APPLICATION
Washington, DC 20231

First Named Inventor: David White
Express Mail Label No. EL471633656US
Total Pages of Transmittal Form: 2

Transmitted herewith for filing is the non-provisional utility patent application entitled:

COMPOSITIONS, KITS, AND METHODS FOR PROGNOSTICATION, DIAGNOSIS,
PREVENTION, AND TREATMENT OF BONE-RELATED
DISORDERS AND OTHER DISORDERS

which is:

an ☒ Original; or

a ☐ Continuation, ☐ Divisional, or ☐ Continuation-in-part (CIP)
of prior Application No. ____, filed ____.

☒ This non-provisional patent application is based on Provisional Patent Application
No. 60/146,614, filed July 30, 1999.

Enclosed are:

- ☒ Specification (including Abstract) and claims: 88 pages.
- ☒ Non-executed Declaration.
- ☐ Copy of Declaration from prior application.
- ☐ Separate Power of Attorney (including 37 CFR 3.73(b) statement, if applicable).
- ☒ 17 sheets of drawings (formal).
- ☐ Microfiche computer program (Appendix).
- ☒ Nucleotide and/or Amino Acid Sequence Submission, including:
 - ☒ Computer readable copy ☒ Paper Copy ☒ Verified Statement.
- ☐ Under PTO-1595 cover sheet, an assignment of the invention.
- ☐ Certified copy of ____ Application No. ____, filed ____, is filed:
 - ☐ herewith or ☐ in prior application ____.
- ☐ Verified Statement Claiming Small Entity Status under 37 CFR 1.9 and 1.27.
 - ☐ was filed in the prior non-provisional application, and such status is still proper and desired (37 CFR 1.28(a));
 - ☐ is enclosed herewith; ☐ is no longer desired.
- ☐ Other:

The filing fee has been calculated as shown below:

			SMALL ENTITY			LARGE ENTITY	
CLAIMS	NO. FILED	NO. EXTRA	BASIC FEE:			BASIC FEE:	
			\$345			\$690	
Total	41 - 20 =	21	X9	\$	OR	X18	\$ 378
Independent	7 - 3 =	4	X39	\$	OR	X78	\$ 312
Multiple Dependent Claims Present: 0			\$130	\$	OR	\$260	\$ 0
			TOTAL	\$	OR	TOTAL	\$ 1380

☒ Our firm's check, in the amount of **\$1,380** (Billing No. 210147.0039) is enclosed.

The Commissioner is hereby authorized to charge payment of the following fees or credit any overpayment to Deposit Account No. 50-1017 (**Billing No. 210147.0039**). One additional copy of this sheet is enclosed.

- ☐ The above calculated filing fee \$.
- ☒ Any additional fees required under 37 C.F.R. § 1.16.
- ☒ Any additional fees required under 37 C.F.R. §1.17.
- ☒ If the filing of any paper during the prosecution of this application requires an extension of time in order for the paper to be timely filed, applicant(s) hereby petition(s) for the appropriate extension of time pursuant to 37 C.F.R. §1.136(a).

CORRESPONDENCE ADDRESS:

July 28, 2000
(Date)

By: _____

GARY D. COLBY, Ph.D., J.D.

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Enclosures